

JUL 20 2006

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

FACSIMILE: (303) 740-6962

FACSIMILE COVER SHEET

Enclosed are the following documents:

<ul style="list-style-type: none"><input checked="" type="checkbox"/> Amendment: <u>Restriction</u> (<u>.5</u> pgs)<input type="checkbox"/> Appeal Brief (_____ pgs)<input type="checkbox"/> Application: _____ (_____ pgs) w/cover & abstract<input type="checkbox"/> Assignment & Cover Sheet (_____ pgs)<input checked="" type="checkbox"/> Certificate of <u>Facsimile</u><input type="checkbox"/> Continued Prosecution Application (CPA)<input type="checkbox"/> Declaration & POA (_____ pgs)<input type="checkbox"/> Drawings: _____ sheets, _____ figures<input type="checkbox"/> Extension of Time: _____<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)<input type="checkbox"/> IDS & PTO/SB/08 (_____ pgs)<input type="checkbox"/> Other _____	<ul style="list-style-type: none"><input type="checkbox"/> Issue Fee Transmittal<input type="checkbox"/> Notice of Appeal<input type="checkbox"/> Petition for: _____<input type="checkbox"/> Request for Continued Examination (RCE)<input type="checkbox"/> Reply Brief (_____ pgs)<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(I)<input type="checkbox"/> Request to Rescind Previous Nonpublication Request<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter<input type="checkbox"/> Response to Written Opinion (_____ pgs)<input type="checkbox"/> Terminal Disclaimer<input type="checkbox"/> Transmittal of Publication Fee Due<input checked="" type="checkbox"/> Transmittal Letter
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Pat Sullivan 7/20/2006
Pat Sullivan Date

If you do not receive all the pages, or if there is any difficulty in receiving, please call: (303) 740-1980 and ask for Pat Sullivan.

JUL 20 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	10/763,674
	Filing Date	January 22, 2004
	First Named Inventor	Eric C. Hannah
	Art Unit	1639
	Examiner Name	My Chau T Tran
Total Number of Pages in This Submission	9	Attorney Docket Number 42P13119D

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	July 20, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	July 20, 2006
Signature	<i>Pat Sullivan</i>		

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 11/30/2005.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

JUL 20 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

150.00

Complete If Known

Application Number	10/763,674
Filing Date	January 22, 2004
First Named Inventor	Eric C. Hannah
Examiner Name	My Chau T Tran
Art Unit	1639
Attorney Docket No.	42P13119D

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
28 - 23* = 5	5	50.00	\$150.00
Independent Claims	Extra Claims	Fee from below	Fee Paid
1 - 4* = 0	0	200.00	\$0.00
Multiple Dependent	Extra Claims	Fee from below	Fee Paid
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 350	2203 180	Multiple Dependent claim, if not paid	
1204 790	2204 395	**Release independent claims over original patent	
1205 900	2205 150	**Release claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	150.00

*or number previously paid, if greater, For Releases, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,025	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451	2451	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt.	
1809 780	1809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 780	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>	Date	07/20/06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Our Docket No: 42P13119D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Eric C. Hannah

Application No: 10/763,674

Filed: January 22, 2004

For: Carbon nanotube molecular labels

Examiner: My Chau T. Tran

Art Unit: 1639

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In Response to the Office Action mailed 07/10/2006, the Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Postal Service at (571) 273-8300 on the date indicated below:

July 20, 2006

Date of Transmission

Pat Sullivan

Name of Person Transmitting Correspondence

Pat Sullivan

Signature

Date

07/20/2006

Atty Docket No. 42P13119D
Application No. 10/763,674

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